

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name) Alex	2. Surname (Last Name) Gornitzky	3. Date 01-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ishaan Swarup
5. Manuscript Title Diagnosis and Management of Osteomyelitis in Children: A Critical Analysis Review		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gornitzky has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Arin	2. Surname (Last Name) Kim	3. Date 01-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ishaan Swarup
5. Manuscript Title Diagnosis and Management of Osteomyelitis in Children: A Critical Analysis Review		
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Dr. Kim has nothing to disclose.

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1. Given Name (First Name) Jennifer	2. Surname (Last Name) O'Donnell	3. Date 01-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ishaan Swarup
5. Manuscript Title Diagnosis and Management of Osteomyelitis in Children: A Critical Analysis Review		
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1. Given Name (First Name)

Ishaan

2. Surname (Last Name)

Swarup

3. Date

01-January-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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